MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO. APPLICANT(S)				FILING DAT	F •	*
	40.0	TLED	AFTER 18Y		AFTER 2ND		CLAIMS		•		ŀ			
-	MD MD	DEP	MO	MENT DEP	AMENE	DEP			WD.	DEP	IND	DEP	ND ND	0
1	1	- 52						51		^				
2								52		<u> </u>			 _	_
3 ·		\						53		<u> </u>	ļ		 	<u> </u>
4								54					 	<u> </u>
5								55			 	}	 -	-
6								56					 	├
7								57 58			 	 		
8 9								59						
10								60						1
11								61						
12		1]	62						
13								63						
14							l i	64						
15		\						65				<u> </u>		<u> </u>
16		\						66			 		}	<u> </u>
17		\						67			 			
18								68			 	 	 	
19							İ	69				 	 	├
20								70			ļ	 		├─
21								71			}	 	}	┢
22								73			 -			1
23 24							(74					1	\vdash
25		(3)						75					i	Ī
26		1						76						
27								77					<u> </u>	<u> </u>
28								78				ļ	!	<u> </u>
29								79			 	<u> </u>		
30								80			 	ļ		 —
31								81			 	ļ <u>-</u> -		-
32								82			 	 	 	╁
33							·	83			 		 	\vdash
34		<u>``</u>					1	84 85	_	 	 	 	 	1-
35		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						86			 		1	1
36 37		1					•	87						
38		1					1	88						
39								89						
40		` _						90				ļ	ļ	_
41	\						[91		ļ	L		 	-
42							,	92			!	 	 	╄
43		\						93				 		┼
44		\]	94			}	├	 	-
45		. \				ļ		95		 	 	-	1	+-
46		1						96			1	 	 	+-
47							1	97		 			1	1
48		-					1	98 · 99		 	1	1	 	\vdash
49		<u> </u>						100		 	-	 	1	1
50							1		V		1	1	1	1
AL IND.		J [l I		TOTAL IND.		↓	<u> </u>	<u>-</u>		<u>.</u>
AL.	•		-	— 7			1	DEP.	50-					502000
MS								CLAMS	34				1	

Š